



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>47 Silver Bow</b>			<b>0842 Ramsay Elem</b>		<b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	1412	No	SHELTON, ERIC & JEN	3.00	_____
3	1794	No	BRACKETT, NANCY	1.50	_____
3	1795	No	BROWN, KIMBERLEY T	0.00	_____
3	1796	No	BUGNI, DANIEL & TRACI	0.78	_____
3	1797	No	FERRITER, SUMMER	2.50	_____
3	1798	No	HAZLETT, MARY K	0.25	_____
3	1799	No	McALPINE, RENEE	0.48	_____
3	1800	No	PETERSON, BETH	1.63	_____
3	1801	No	TENNEY, SUSANNA	0.75	_____
3	1802	No	THATCHER, LEAH	1.83	_____
3	2020	No	OLSEN, BRITNIE	2.25	_____
3	2337	No	Hicks, Angela	0.93	_____



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Date			Signature, Chair, Board of Trustees			
County: <b>47 Silver Bow</b>			District: <b>0843 Divide Elem</b>		District Level: <b>Elementary</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
4	1804	No	MORRIS, DIANA L		6.75	